

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE**EMPLOYER FURNISHED HOUSING AND FACILITIES**

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESSMarin J. Corporation
2148 North Torrington Rd.
Avon Park, FL 33825**2. HOUSING LOCATION**40348 State Hwy C Unit #16
Senath, MO 63876**3. HOUSING DESCRIPTION**

Wood Frame House

4. SLEEP ROOMS
(No. & Measure)**a. Dormitory Type****b. Family Type****ES USE ONLY**

	1	2	3	4	1	2	3	4	
Length	21'2	17'8	10'10						5. CAPACITY (Adults) 11
Width	12'4	12	6'10						6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8						Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	262.8	213.6	61						Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1						Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	4	4	1						Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double	1	1							Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 1	Privy	Urinals	Lav. or Washbasins	Showerheads 1
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 1	Refrigerators 1	Garbage containers 1	First-aid Kits 1	Fire Extinguishers (No. & type) 1 abc

8. COMMENTS

Large trash container for weekly pickup

3 smoke alarms

Will take workers to local laundry mat once a week.

9. EMPLOYER'S CERTIFICATION:I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

10. HOUSING INSPECTED BY: Joyce Hahn

Signature of Authorized Official

Typed Name and Title

Date

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

U.S. Department of Labor, Employment and Training Administration
U.S. TRAINING AND EMPLOYMENT SERVICE

EMPLOYER FURNISHED HOUSING AND FACILITIES

(See Instructions on Reverse)

1. EMPLOYER'S NAME AND ADDRESS

Marin J. Corporation
2148 North Torrington Rd.
Avon Park, FL 33825

2. HOUSING LOCATION

4346 State Hwy C Unit #11
Senath, MO 63876

3. HOUSING DESCRIPTION

Brick House

4. SLEEP ROOMS
(No. & Measure)

a. Dormitory Type

b. Family Type

ES USE ONLY

	1	2	3	4	1	2	3	4	
Length	14'3	14'1	13'2	9'9					5. CAPACITY (Adults) 16
Width	22'7	10	14'10	13'11					6. REGULATIONS COMPLIANCE ("x" proper box)
Ceiling Height	8	8	8	8					Water <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Square Feet	324.61	141	186.12	130					Electricity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Rooms	1	1	1	1					Site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds, Single	6	3	4	1					Screening <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Beds or Bunks, Double				1					Heating <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

7. FACILITIES (Number of each)

Flush Toilets 2	Privy	Urinals	Lav. or Washbasins	Showerheads 2
Bathtubs 1	Movable Bathtubs	Laundry machines	Fixed laundry tubs	Movable laundry tubs
Cook Stoves 2	Refrigerators 2	Garbage containers 2	First-aid Kits 1	Fire Extinguishers (No. & type) 2, abc

8. COMMENTS

Large trash container for weekly pickup
3 smoke alarms
Will take workers to local laundry mat weekly.

9. EMPLOYER'S CERTIFICATION:

I CERTIFY THAT I have reviewed the housing regulations of the U.S. Department of Labor, U.S. Training and Employment Service, and that the housing described herein ☒ meets ☐ does not meet such standards. I hereby authorize representatives of the State Employment Service office and/or Employment and Training Administration regional office to inspect the above housing at any reasonable time.

Employer's Signature

Typed Name and Title

Date

5-22-18

10. HOUSING INSPECTED BY: Anita Dixon

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, FLC Program Coordinator

5-22-18

11. APPROVAL: Housing approved for occupancy by workers recruited interstate.

Signature of Authorized Official

Typed Name and Title

Date

Joyce Hahn, FLC Program Coordinator

5-22-18